

Preventive Ethics ISSUES Log

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

Date First Discussed	Referral Source	Ethics Issue	Ethical Concern? (Y/N)	Ethics Domain*	Ethics Quality Gap? (Y/N)	Ethics Quality Gap**	Preliminary Improvement Goal	Working Title	Date ISSUES Cycle initiated/ Date referred

* Ethics Domains:

1. Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
2. Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
3. Patient privacy and confidentiality (how well the facility assures that patient privacy and confidentiality are protected)
4. Professionalism in patient care (how well the facility fosters employee behavior that reflects professional standards)
5. Ethical practices in resource allocation (how well the facility ensures fairness in the way it allocates its resources across programs, services, and patients)
6. Ethical practices in business management (how well the facility promotes high ethical standards in its business and management practices)
7. Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
8. Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
9. Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

Some ethics issues relate to how well the facility ensures that the Integrated Ethics program meets its goals. For these issues, enter "IE" as the ethics domain.

** Ethics Quality Gaps:

1. There is a pattern of similar cases that raise ethics concerns
2. Health care practices deviate from accepted ethical standards
3. Guidance regarding ethical health care practices is inconsistent or unclear
4. There is a lack of knowledge about ethical health care practices
5. Systems or processes systematically undermine ethical practices
6. Systems or processes designed to promote ethical practices are not functioning well
7. The organization is otherwise failing to promote ethical health care practices

Preventive Ethics ISSUES Log SAMPLE

Directions: The purpose of the ISSUES Log is to keep a current and updated list of ethics issues that are appropriate for the ISSUES approach.

Date ISSUES Cycle initiated/ Date referred	Working Title	Preliminary Improvement Goal	Ethics Quality Gap**	Ethics Quality Gap? (Y/N)	Ethics Domain*	Ethical Concern? (Y/N)	Ethics Issue	Referral Source	Date First Discussed
1/15/07	Timely Response to Ethics Consultation Requests	Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs	(6)	Y	(1)	Y	The ethics consultation service is not responding in a timely enough manner, especially in situations the requester perceives as urgent	CEB	1/10/07
3/12/07	Review of Existing Advance Directives on Admission	Increase the number of advance directives that are reviewed and updated upon hospital admission	(4)	Y	(2)	Y	Clinicians are not reviewing and updating patients' advance directives when they are admitted to the hospital	CMO	3/12/07
3/12/07	Discussing End-of-Life Issues with the Patient First	Decrease the number of cases where clinicians discuss end-of-life issues with family members before talking to the competent patient	(1)	Y	(3)	Y	There are recurring cases of clinicians discussing end-of-life issues with a family member before talking with the competent patient	Ethics Consultation Coordinator	3/12/07
	Assuring Privacy During ER Interviews and Exams	Decrease patient privacy complaints in the emergency room	(2)	Y	(4)	Y	The patient advocate's office has received numerous complaints from emergency room patients regarding a lack of privacy when they are being interviewed or examined by clinical staff	Patient Advocate Office	6/15/07
	Promoting Respect for Professional Boundaries	Decrease boundary violations between patients and staff on the spinal injury unit	(3)	Y	(5)	Y	There have been several reports of staff in the spinal cord injury program having developed personal relationships with patients, including romantic relationships and friendships	Service Chief	8/1/07

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Date First Discussed	Referral Source	Ethics Issue	Ethical Concern? (Y/N)	Ethics Domain*	Ethics Quality Gap? (Y/N)	Ethics Quality Gap**	Preliminary Improvement Goal	Working Title	Date ISSUES Cycle initiated/ Date referred
11/07/07	HR	Supervisors are dating staff in their departments	Y	(8)	Y	(1)	Decrease boundary violations between supervisors and subordinates	Employee-supervisor boundaries	
11/19/07	Business Services	Accountants are gaming the system to meet performance measures	Y	(7)	Y	(6)	Increase the accuracy of data related to performance measures in the accounting department	Gaming the system	

* Ethics Domains:

1. Shared decision making (how well the facility promotes collaborative decision making between clinicians and patients)
2. End-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
3. Privacy and confidentiality (how well the facility assures that patient privacy and confidentiality are protected)
4. Professionalism (how well the facility fosters employee behavior that reflects professional standards)
5. Resource allocation (how well the facility ensures fairness in the way it allocates its resources across programs, services, and patients)
6. Ethical practices in business management (how well the facility promotes high ethical standards in its business and management practices)
7. Ethical practices in the everyday workplace
8. Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
9. Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)

Some ethics issues relate to how well the facility ensures that the IntegratedEthics program meets its goals. For these issues, enter "IE" as the ethics domain.

** Ethics Quality Gaps:

1. There is a pattern of similar cases that raise ethics concerns
2. Health care practices deviate from accepted ethical standards
3. Guidance regarding ethical health care practices is inconsistent or unclear
4. There is a lack of knowledge about ethical health care practices
5. Systems or processes systematically undermine ethical practices
6. Systems or processes designed to promote ethical practices are not functioning well
7. The organization is otherwise failing to promote ethical health care practices

Preventive Ethics Meeting Minutes

Date:

Chairperson:

Time:

Recorder:

Members Present:

Guests:

ISSUES Approach

(Duplicate for each issue discussed at the meeting)

Working Title for Issue:

Steps in the Process (Check step(s) worked on during the meeting):

- ☐ 1. Identify an Issue ☐ 3. Select a Strategy ☐ 5. Evaluate and Adjust
☐ 2. Study the Issue ☐ 4. Undertake a Plan ☐ 6. Sustain and Spread

Summarize Discussion or Recommendations:

Review and Assign Action Items:

Step	Action Item	Responsible Member	Due Date

Other Agenda Items

Topic:

Summary of Discussion:

Planned Action(s):

Time and Location of Next Meeting:

Preventive Ethics Meeting Minutes–Sample

Date: 12.09.2006

Chairperson: Celestine Chiverotti RN MBA

Time: 3:00 PM

Recorder: CC

Members Present: August Groppi, Elizabeth Mattes, Dominic Garibaldi, Claudius Hunt

Guests: None

ISSUES Approach

(Duplicate for each issue discussed at the meeting)

Working Title for Issue: Timely Response to Ethics Consultation Requests

Steps in the Process (Check step[s] worked on during the meeting):

- ☐ 1. Identify an Issue ☐ 3. Select a Strategy ☒ 5. Evaluate and Adjust
☐ 2. Study the Issue ☐ 4. Undertake a Plan ☒ 6. Sustain and Spread

Summarize Discussion or Recommendations:

The team reviewed the completed ISSUES Summary document, approved it, and recommended that the Summary be disseminated to leadership, quality management and members of the ethics consultation service.

Review and Assign Action Items:

Step	Action Item	Responsible Member	Due Date
1	Review with senior leadership	Chiverotti	4.12.07
2	Review with quality management staff	“ ”	4.12.07
3	Review with the ethics consultation service	Groppi	4.15.07

Other Agenda Items

Topic: Select the next ethics issue for the ISSUES approach

Summary of Discussion: Given that the Timely Response to Ethics Consultation Requests project is coming to a close, the team agreed that it was time to select another ethics issue for the ISSUES approach.

Planned Action(s): The chairperson will distribute the updated ISSUES Log to all team members by next Tuesday. Team members agree to review the log in advance of the meeting and identify their “top three” issues from the current list. The goal of the next meeting will be to choose an ethics issue to refer for the ISSUES approach.

Time and Location of Next Meeting: 3:00 PM, 01.13.06 in the GRECC Conference Room

Preventive Ethics ISSUES Storyboard

Directions: The purpose of the ISSUES Storyboard is to tell the “story” of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System:

Working Title:

Date:

Team Members *(First, Last Name, Title, Role):*

Ad hoc Members *(First, Last Name, Title, Role):*

Identify an Issue

Briefly summarize the ethics issue and the source:

List the (preliminary) improvement goal:

Describe why the issue was selected as a priority by the preventive ethics team:

Study the Issue

Diagram the process behind the relevant practice:

Summarize the information gathered about best practices (for each information source):

Summarize the information gathered about current practices (for each information source):

Refine the improvement goal to reflect the ethics quality gap (include a time frame, if possible):

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a “fishbone” or other cause-and-effect diagram:

Brainstorm possible strategies to narrow the gap:

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the “who, what, when, and where” of the plan:

Describe any potential barriers to implementing the plan and how these will be addressed:

List the measures that will show how well the strategy was implemented (execution):

List measures that will show how well the strategy accomplished the improvement goal (results):

Evaluate and Adjust

Assess whether the strategy was implemented as planned (execution):

Assess whether the strategy accomplished the improvement goal (results):

Describe any other positive or negative effects of the strategy:

Check the box that best summarizes the overall effect of the strategy:

- ☐ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)

- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

- ☐ The strategy failed to improve the process even though it was executed as planned

Check the box that best describes the preventive ethics team's next steps:

- ☐ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____(department, service, unit)
- ☐ Quarterly by _____(department, service, unit)
- ☐ Annually by _____(department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Describe how the process could be improved in future ISSUES cycles:

Preventive Ethics ISSUES Storyboard – Sample 1

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System: VA Pearl Valley

Working Title: Timely Response to Ethics Consultation Requests

Date: January 5, 2007

Team Members (*First, Last Name, Title, Role*):

Celestine Chiverotti RN MBA	Quality Management
August Groppi MD	Ethics Consultant and Primary Care Physician
Elizabeth Mattes BA	Administrative Officer

Ad hoc Members (*First, Last Name, Title, Role*):

Dominic Garibaldi RN ARNP	Function Coordinator, Ethics Consultation
Claudius Hunt MD	Intensivist, Medical Service

Identify an Issue

Briefly summarize the ethics issue and the source:

A series of formal and anecdotal complaints suggests that the ethics consultation service fails to respond in a timely manner, especially in situations that the requester perceives as urgent.

List the (preliminary) improvement goal:

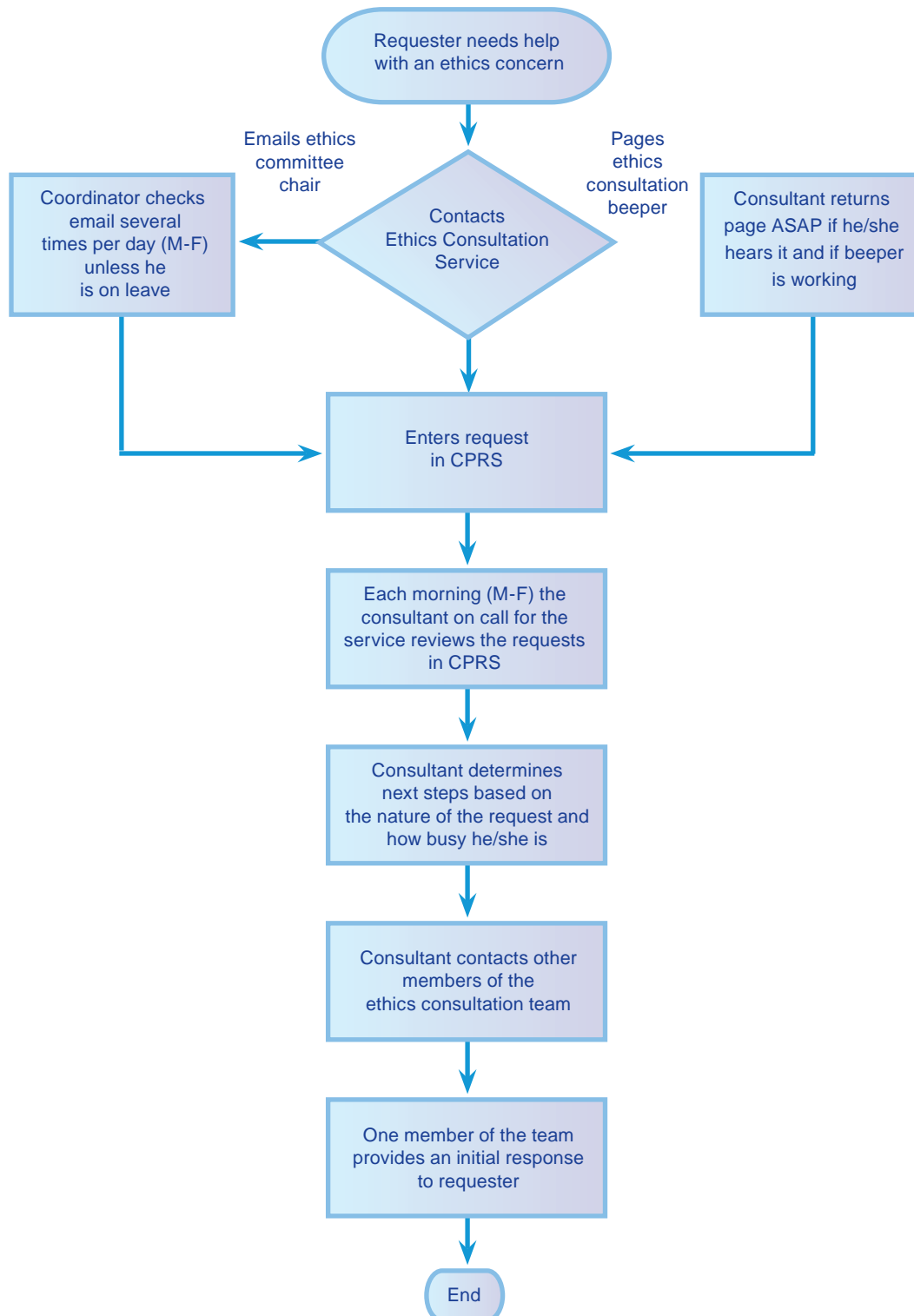
Increase the number of consultation requests that are responded to within a time frame that matches the requester's needs.

Describe why the issue was selected as a priority by the preventive ethics team:

This issue was given high priority because some requesters stated that they were unlikely to use the service again, or to recommend the service to colleagues, due to the lack of a timely response. In one case, there was a possible negative impact on patient decision making as a result of the delayed response. In addition, the issue is important to facility leadership, and is amenable to change. Finally, the gap can likely be narrowed with a small expenditure of resources.

Study the Issue

Diagram the process behind the relevant practice:



Summarize the information gathered about best practices (for each information source)

1. *Ethics Consultation: Responding to Ethics Questions in Health Care*, (VHA) National Center for Ethics in Health Care: The document indicates that the availability of ethics consultation should match the demand for the service. For routine requests the consultant must make the initial contact within 24 hours. Urgent requests should be responded to as soon as possible on the same day. After-hours coverage arrangements may vary, but preferably consultants should be available weekends, nights, and holidays.
2. A search of the literature found no agreed upon time frames or even recommendations for what constitutes a timely response to a consultation request.
3. Contact with several VA facilities revealed that the initial time frame for responding to a consultation request was highly variable. However, one VA with a large volume of referrals found good requester satisfaction when responding to routine requests within 24 hours and urgent requests within 4 hours.

Summarize the information gathered about current practices (for each information source)

1. Requester Complaints: The ethics committee has received several complaints from requesters who expressed frustration with never knowing when to expect the consultant to respond to a request for assistance. Requesters were especially critical of the service when they requested urgent assistance.
2. Chart Review: A chart review was conducted on all case consultations requested over the past calendar year. The chart review found that of 20 consultation requests, 15 (67%) were considered routine requests and 5 (33%) were considered urgent. Of the 15 routine requests, 9/15 or 60% of cases were responded to within a 24-hour period. Of the 5 urgent requests, only 1/5 or 20% of cases were responded to within 4 hours.

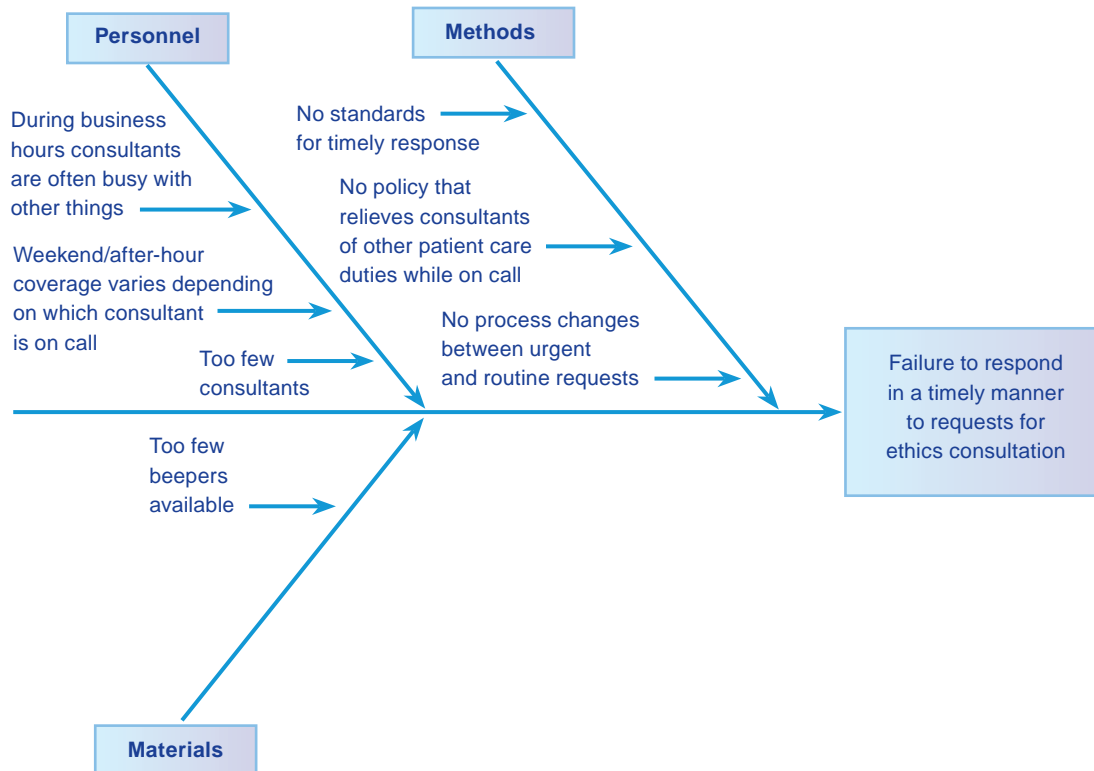
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

Within 6 months, increase the percentage of routine requests that are responded to within 24 hours from 60% to 85%, and the percentage of urgent requests that are responded to within 4 hours from 20% to 90%.

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a “fishbone” or other cause-and-effect diagram:

Failure to Respond in a Timely Manner to Requests for Ethics Consultation



Brainstorm possible strategies to narrow the gap:

1. Identify consultants who are the least timely and counsel them
2. Recruit and train more consultants
3. Free up existing consultants from their other duties
4. Buy more beepers
5. Hire contractors to serve as consultants on nights and weekends
6. Develop consultation service standards that specify expected time frames for initial response to routine and urgent requests
7. Begin routinely collecting data on requester satisfaction
8. In feedback forms, assess the requester's perception of timeliness relative to his/her needs (as satisfaction can be expected to improve if you establish realistic expectations by notifying requesters of anticipated time frames for response)

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

The preventive ethics team recognized that no service standards had been developed for the consultants. Therefore, the team selected “develop consultation service standards that specify expected time frames for initial response to routine and urgent requests.” In addition, the preventive ethics team decided to routinely collect data on requester satisfaction with the service, including a question about perceived timeliness relative to the requester's needs.

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the “who, what, when, and where” of the plan:

The strategy will be tested over 6 months beginning in 2 weeks. Next week the Ethics Consultation Coordinator will meet with the consult service to explain the standards and ask everyone to adhere to them. He will also regularly reinforce the standards during the test period. After each consult is completed, E. Mattes will distribute the IntegratedEthics Ethics Consultation Feedback Tool to the requester within 24 hours, and send an email reminder if no response is received within 3 days. C. Chiverotti will review all consults in the test period, recording response time and urgency of request. She will analyze the data within 2 weeks following the conclusion of the study period.

Describe any potential barriers to implementing the plan and how these will be addressed:

The Ethics Consultation Coordinator stated that he is afraid that he may lose consultants if they are asked to respond within a standardized time frame, especially if this would interfere with patient care activities that are part of their jobs. In order to address this concern, the preventive ethics team proposed adding the development of a consultant buddy system to the ISSUES log for potential future action. The goal of the buddy system would be to provide backup to the consultant on call if he or she is unable to respond within the specified time frame due to pressing patient care activities. In addition, most of the ethics consultants were informally polled regarding the proposed time frames. Generally, they believed the timeliness standards were reasonable.

List the measures that will show how well the strategy was implemented (execution)

1. Percentage of consultants who received information about the new standards
2. Percentage of requesters who were provided with a satisfaction survey

List measures that will show how well the strategy accomplished the improvement goal (results):

1. Percentage of routine requests in which an ethics consultant responds within 24 hours
2. Percentage of urgent requests in which an ethics consultant responds within 4 hours
3. Percentage of requesters who rated the timeliness of the consultant's response as "very good" or "excellent"

Evaluate and Adjust

Assess whether the strategy was implemented as planned (execution):

Measure #1 (Percentage of consultants who received information about the new standards): 5/5 or 100% of consultants attended a meeting in which the Ethics Consultation Coordinator discussed the new standards. Measure #2 (Percentage of requesters who were provided with a satisfaction survey): 12/12 or 100% of requesters were provided with a satisfaction survey.

Assess whether the strategy accomplished the improvement goal (results):

Measure #1 (Percentage of routine requests in which an ethics consultant responds within 24 hours): Pre-strategy: 9/15 or 60% of routine requests were responded to within 24 hours. Post-strategy: 8/9 or 89% of routine requests were responded to within 24 hours

Measure #2 (Percentage of urgent requests in which an ethics consultant responds within 4 hours): Pre-strategy: 1/5 or 20% of urgent requests were responded to within 4 hours. Post-strategy: 3/3 or 100% of urgent requests were responded to within 4 hours

Measure #3 (Percentage of requesters who rated the timeliness of the consultant's response as "very good" or "excellent"): Pre-strategy: No satisfaction survey data. Post-strategy: 9/10 or 90% of requesters rated the timeliness of the response as "very good" or "excellent."

Describe any other positive or negative effects of the strategy:

On the positive side, requesters indicated that they were likely to utilize the service again, and recommend the service to colleagues. On the negative side, this may increase the volume of referrals to the service beyond present its current capacity. This will need to be monitored

Check the box that best summarizes the overall effect of the strategy:

- ☒ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)

- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

Check the box that best describes the preventive ethics team's next steps:

- ☐ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____ (department, service, unit)
- ☒ Quarterly by _____ Ethics Consultation Coordinator _____ (department, service, unit)
- ☐ Annually by _____ (department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Involving consultants and requesters in diagramming the referral process, since they knew how the referral process really worked. Researching best practices to help guide development of response standards. Discussing proposed response standards with consultants in order to promote buy-in. Developing simple measures to validate whether or not the strategy actually reduced the ethics quality gap.

Describe how the process could be improved in future ISSUES cycles:

Setting up regular meetings and tracking assignments in meeting minutes. We sometimes lost track of who was supposed to carry out which activity.

Preventive Ethics ISSUES Storyboard–Sample 2

Directions: The purpose of the ISSUES Storyboard is to tell the "story" of a completed ISSUES improvement cycle. The document can be used to disseminate results to leaders and other interested staff, as well as to inform future ISSUES improvement projects.

VA Facility/Health Care System:

Working Title: Clinician influence in setting resource allocation priorities

Date: January 10, 2007

Team Members (*First, Last Name, Title, Role*):

Glenise McKenzie RN PhD	Function Coordinator, Preventive Ethics
Sarah Shannon RN MPH	Quality Manager
Ford Michaels JD	Integrated Ethics Program Officer

Ad hoc Members (*First, Last Name, Title, Role*):

Forest Patrick MD	Chief Medical Officer
Mary Agnes McCarthy MBA	Chief Financial Officer
Karen Goldson MA	Ethics Consultant

Identify an Issue

Briefly summarize the ethics issue and the source:

In 2006, facility leadership undertook a global assessment of their health care ethics environment through the use of a staff survey. The facility fared poorly in the section of the survey that assessed how fairly the facility allocated its resources across programs and services. In particular, clinicians overwhelmingly perceived that they exerted little or no influence when setting allocation priorities.

List the (preliminary) improvement goal:

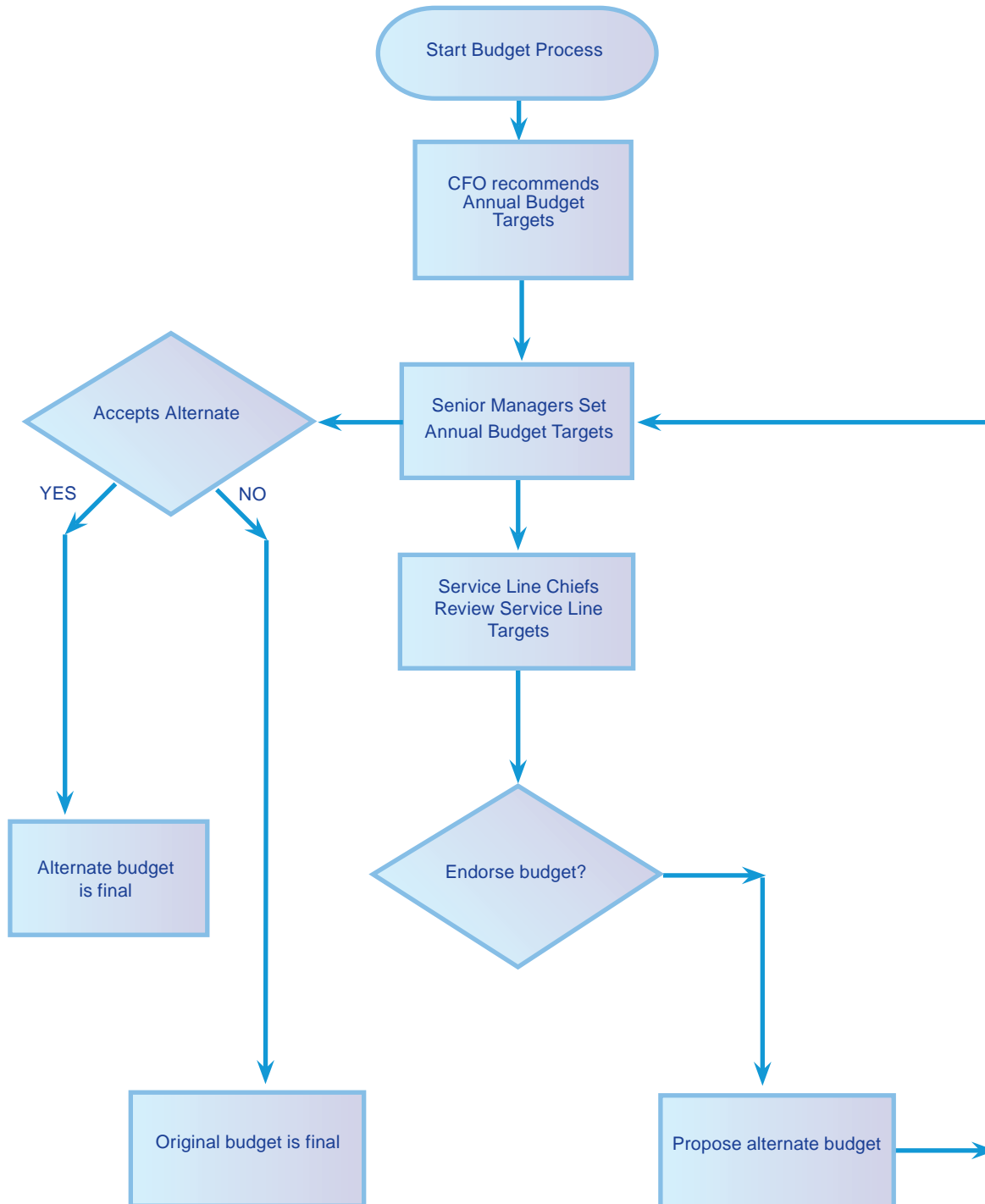
Increase clinician participation in setting allocation priorities.

Describe why the issue was selected as a priority by the preventive ethics team:

This issue is a high priority of both clinical and management staff and there is persuasive baseline data available to indicate the presence of an ethics quality gap. In addition, the perceived lack of influence by facility clinicians is adversely impacting morale and attrition has increased markedly over the past year and one half.

Study the Issue

Diagram the process behind the relevant practice:



Summarize the information gathered about best practices (for each information source)

Literature Review: The literature emphasizes the importance of a fair process for decision making. Leventhal was the first and most influential scholar to apply a procedural framework to decision making within organizations. His procedural framework includes elements such as the consistent application of procedures across people and time, freedom from bias (ensuring no vested interest in particular outcome), availability of accurate information, existence of a mechanism to correct flawed decisions, conformity to prevailing standards of ethics, and inclusion of the opinions of those who stand to benefit or be harmed by the decision. (Leventhal, 1980) Leventhal's elements are consistent with stakeholder theory, a prevalent ethics paradigm within business ethics. Stakeholder theory, simply put, states that stakeholders have a right to participate in decision that effect them because they stand to directly benefit or be harmed by these decisions. The job of management is to reconcile conflicting interests to arrive at consensus.

At a minimum, facilities should have in place some mechanism to solicit the input of important institutional stakeholders including clinicians, who are closest to the concerns and interests of patients. The literature also suggests that if clinicians and other stakeholders believe that the process is fair, they are more likely to remain invested in the organization, even when a decision is inconsistent with their short term interests.

Key Informant Interviews: Service chiefs generally did not solicit input from their staff during the budgeting process or when setting priorities for capital expenditures. The notable exception was the Surgical Service Line Chief who met with physicians, nurses and other staff during the budgeting process to explain the “big picture” and to help her identify financial priorities for the upcoming budget cycle, including major capital purchases. The clinicians on this service rated the process a fair and believed they had significant influence.

Summarize the information gathered about current practices (for each information source)

1. Staff Survey: The staff survey results indicated that roughly 10% of physicians perceived themselves to be “very influential” in setting allocation priorities, 20% “moderately influential, and 70% either “not very influential” or “not at all influential.”

When management examined the results by discipline and then service line, they found similar result for physicians, nurses and allied health, but the service line data was much more variable. The results indicated that surgical services staff perceived themselves to be the most influential and geriatric extended care perceived themselves to be the least influential in setting allocation priorities.

2. Process Flow Diagram: The process flow diagram indicates that senior management does not routinely request input below the level of service chief and that service chiefs (with the exception of the surgical chief) do not typically solicit input from their staff when advising senior management on operational and capital budgets.

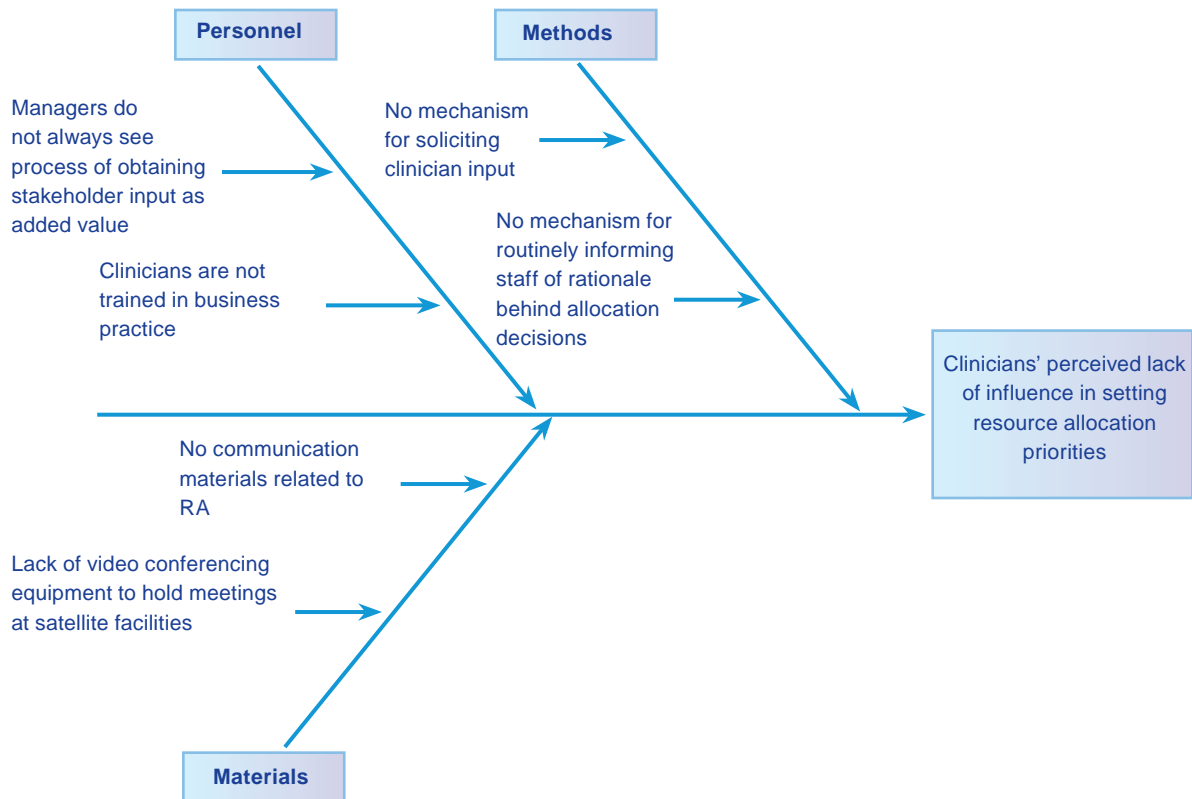
Refine the improvement goal to include the ethics quality gap (include a time frame, if possible)

Increase the percentage of clinicians that perceive that they are “moderately” or “very influential” in setting allocation priorities from 30% to 60%.

Select a Strategy

Determine the major cause(s) of the ethics quality gap and draw a “fishbone” or other cause-and-effect diagram:

Clinician Influence in Setting Resource Allocation Priorities



Brainstorm possible strategies to narrow the gap:

1. Institute a mini-series on business aspects of health care delivery including the budgeting process. Amend present budgeting process to include a mechanism for service chiefs to solicit staff input when setting allocation priorities for their service
2. Develop a communication plan to inform staff of the reasoning behind major allocation decisions Include a clinician representative on the resource allocation team Hold town meetings or drop in sessions where staff can ask questions of the senior executive

Choose one or more strategies to try based on likelihood of success, expected net benefit, and resources required to implement the strategy. Explain your rationale:

Amend present budgeting process to include a mechanism for service chiefs to solicit staff input when setting allocation priorities for their services.

Undertake a Plan

Describe how the team plans to carry out the strategy (or strategies), including the “who, what, when, and where” of the plan:

The strategy will be tested during the upcoming capital budget cycle (equipment purchases) on the geriatric extended care services where clinicians perceive that they have little influence over setting allocation priorities for their service. The service chief will meet with staff and identify equipment needs and prioritize them. Priority setting will occur over a two week period and include 6 focus groups --- two per shift. The goal is to include at least 60% of the services clinicians in the focus groups.

A preventive ethics team member will attend these meetings and solicit input from staff regarding their satisfaction with the new form and protocols. The staff will be asked to complete a 5 question survey that includes the question related to how influential they perceive themselves to be in setting allocation priorities.

Describe any potential barriers to implementing the plan and how these will be addressed:

There are several “opinion leaders” on the unit whose support is needed for this strategy to succeed. The service has become cynical over the past 2 years as their aging equipment has not been replaced, in favor of other institutional priorities. The preventive ethics coordinator and service line chief will meet with these individuals and review the plan and solicit input and suggestions.

List the measures that will show how well the strategy was implemented (execution)

1. Percentage (%) of the services physicians, nurses and other staff who attend a focus group
2. Number of focus groups conducted over a two week period

List measures that will show how well the strategy accomplished the improvement goal (results):

1. Percentage (%) of clinicians who perceive that they are “moderately” or “very influential” in setting allocation priorities
2. Satisfaction of staff with the process of prioritizing capital equipment (Qualitative data)

Evaluate and Adjust**Assess whether the strategy was implemented as planned (execution):**

Measure # 1 Percentage (%) of the services physicians, nurses and other staff who attend a focus group

70% of the services physicians, nurses, and other staff attended a focus group

Exceeded target of 60%

Measure # 2 Number of focus groups conducted over a two week period

5 focus groups were conducted

Target was 6 focus groups

Assess whether the strategy accomplished the improvement goal (results):

Measure # 1 Percentage (%) of clinicians who perceived that they were “moderately” or “very influential” in setting allocation priorities

Pre-strategy: 15% of geriatric extended care clinicians perceived themselves to be “moderately” or “very influential” in setting allocation priorities

Post-strategy: 65% of geriatric extended care clinicians perceived themselves to be “moderately” or “very influential” in settling allocation priorities

Exceeded target of 60%

Measure # 2 Satisfaction of staff (Qualitative data)

Staff expressed satisfaction with process and believed it should become a routine part of the allocation process.

Describe any other positive or negative effects of the strategy:

In order to accommodate this change, the budget process will need to commence roughly a month earlier than it presently does.

Check the box that best summarizes the overall effect of the strategy:

- ☒ The strategy improved the process or corrected the issue without creating other problems
- ☐ The strategy improved the process or corrected the issue, but it created other problems (Explain)

- ☐ The strategy failed to improve the process, but it was not executed as planned (Explain)

Check the box that best describes the preventive ethics team's next steps:

- ☒ Implement the strategy and integrate into standard operating procedures
- ☐ Modify the strategy and try again
- ☐ Select a different strategy

If the strategy will be continued and/or implemented more broadly, check the box that best describes how often the improvement will be monitored to ensure that gains are maintained or increased. Identify the department, service, or unit that will be responsible for monitoring

- ☐ No plan to monitor
- ☐ Monthly or more frequently by _____ (department, service, unit)
- ☐ Quarterly by _____ (department, service, unit)
- ☒ Annually by _____ Service Line Chief _____ (department, service, unit)

Describe what worked well during the present ISSUES cycle that may be useful in future ISSUES cycles:

Including opinion leaders prior to implementing focus groups

Testing strategy on one unit

Resource allocation is a difficult issue to undertake. We narrowed it down to a manageable bite, a first step.

Describe how the process could be improved in future ISSUES cycles:

We need to develop better systems to track the data we collect as part of the ISSUES cycle

Preventive Ethics Summary of ISSUES Cycles

Directions: The purpose of the Summary of ISSUES Cycles is to provide a concise snapshot of projects completed by the preventive ethics team.

Working Title	
Date Cycle Started/ Ended	
Ethics Domain	
Ethics Issue	
Ethics Quality Gap	
Refined Improvement Goal	
Strategy	
Results	
Next Steps: Adjust/ Disseminate	

Comments:

Working Title	
Date Cycle Started/ Ended	
Ethics Domain	
Ethics Issue	
Ethics Quality Gap	
Refined Improvement Goal	
Strategy	
Results	
Next Steps: Adjust/ Disseminate	

Comments:

Preventive Ethics Summary of ISSUES Cycles–Sample

Directions: The purpose of the Summary of ISSUES Cycles is to provide a concise snapshot of projects completed by the preventive ethics team.

Working Title	Promoting Respect for Professional Boundaries
Date Cycle Started/ Ended	8.01.06/2.03.07
Ethics Domain	(5) Professionalism
Ethics Issue	There have been several reports of staff in the spinal cord injury program having developed personal relationships with patients, including romantic relationships and friendships
Ethics Quality Gap	(3) Inconsistent or unclear guidance
Refined Improvement Goal	Within 6 months, guidelines regarding professional boundaries will be developed and available for dissemination to facility staff
Strategy	Develop a policy on professional boundaries between clinicians and patients
Results	The policy was developed and vetted within 6 months
Next Steps: Adjust/ Disseminate	Disseminate: Human Resources coordinating with Ethics Program and Service Chiefs to develop education/dissemination plan

Comments:

Working Title	Timely Response to Ethics Consultation Requests
Date Cycle Started/ Ended	01.10.07/9.09.07
Ethics Domain	Integrated Ethics Program
Ethics Issue	Ethics consultation service fails to respond in a timely manner, especially in situations the requester perceives as urgent
Ethics Quality Gap	(6) Systems that are designed to promote ethics practice are not functioning optimally
Refined Improvement Goal	Within 6 months, increase the proportion of routine requests that are responded to within 24 hours from 60% to 85%, and the proportion of urgent requests that are responded to within 4 hours from 20% to 90%.
Strategy	Communicate timeliness standards Routinely collect data on respondent satisfaction
Results	89% of routine consultations were responded to within 24 hours 100% of urgent consultations were responded to within 4 hours 90% of requesters rated the timeliness of response as “very good” or “excellent”
Next Steps: Adjust/ Disseminate	Disseminate

Comments:

Resources in Ethics

In addition to general ethics-related materials available on the Center's website (www.ethics.va.gov), the following resources may be helpful:

Print Resources

Ahronheim JC, Moreno JD, Zuckerman C. *Ethics in Clinical Practice*, 1st ed. Boston: Little Brown;1994.

American Society for Bioethics and Humanities, Task Force on Standards for Bioethics and Humanities. *Core Competencies for Health Care Ethics Consultation: The Report of the American Society for Bioethics and Humanities*. Glenview, IL: American Society for Bioethics and Humanities;1998.

Baily MA, Bottrell M, Lynn J, Jennings B. The ethics of using QI methods to improve health care quality and safety. *Hastings Center Rpt.* 2006;36(4, Special Supplement): S1–S40.

Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 5th ed. New York: Oxford University Press;2001.

Cooper TL, ed. *Handbook of Administrative Ethics (Public Administration and Public Policy)*. New York, NY: Marcel Dekker; 1994.

Devettere RJ. *Practical Decision Making in Health Care Ethics: Cases and Concepts*, 2nd ed. Washington, DC: Georgetown University Press;2002.

Dubler NN, Liebman CB. *Bioethics Mediation: A Guide to Shaping Shared Solutions*. New York: United Hospital Fund of New York;2004.

Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthcare Management Forum* 2002;15(3):32–38.

Fletcher JC, Boyle R. *Introduction to Clinical Ethics*, 2nd ed. Frederick, MD: University Publishing Group;1997.

Giganti E. Organizational ethics is “systems thinking.” *Health Progress* 2004;85(3). Available at www.chausa.org/Pub/MainNav/News/HP/Archive/2004/05MayJune/columns/HP0405d.htm.

Gutman A, Thompson D. *Ethics and Politics: Cases and Comments*, 4th ed. Belmont, CA: Wadsworth Publishing;2005.

Hatcher T. *Ethics and HRD: A New Approach to Leading Responsible Organizations*, 1st ed. New York, NY: Perseus Books Group; 2002.

Jonsen A, Siegler M, Winslade W. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 5th ed. New York: McGraw Hill;2002.

Jonsen A, Toulmin S. *The Abuse of Casuistry: A History of Moral Reasoning*. Berkeley: University of California Press;1990.

La Puma J, Schiedermayer D. *Ethics Consultation: A Practical Guide*. Boston: Jones and Bartlett;1994.

Lewis CW, Gilman SC. *The Ethics Challenge in Public Service: A Problem-Solving Guide*, 2nd ed. San Francisco: Jossey-Bass;2005

Lo B. *Resolving Ethical Dilemmas*, 2nd ed. Philadelphia: Lippincott Williams & Wilkins;2000.

Mappes TA, DeGrazia D. *Biomedical Ethics*, 5th ed. New York: McGraw-Hill;2001.

Metzger M, Dalton DR Hill JW. The organization of ethics and the ethics of organization. *Business Ethics Qly.* 1993;3(1):27–43.

Monagle JF, Thomasma, DC. *Health Care Ethics: Critical Issues for the 21st Century*, 2nd ed. Sudbury, MA: Jones and Bartlett;2004.

Oak JC. Integrating ethics with compliance. Reprinted in Council of Ethical Organizations, *The Compliance Case Study Library*. Alexandria, VA: Council of Ethical Organizations;2001:60–78.

Paine LS. Managing for organizational integrity. *Harvard Business Rev.* 1994;Mar-Apr:106–17.

Post SG, ed. *Encyclopedia of Bioethics*, 3rd ed. New York: Macmillan Reference USA;2004.

Steinbock B, Arras J, London, AJ. *Ethical Issues in Modern Medicine*, 6th ed. Boston: McGraw-Hill; 2003.

Treviño LK, Nelson KA. *Managing Business Ethics: Straight Talk About How To Do It Right*, 3rd ed. Hoboken, NJ: Wiley;2003.

Werhane PH, Freeman RE. *Business Ethics (The Blackwell Encyclopedia of Management)*, 2nd ed. Boston: Blackwell Publishing;2006.

Woodstock Theological Center. *Seminar in Business Ethics*. Washington: Georgetown University Press;1990. Available at http://guweb.georgetown.edu/centers/woodstock/business_ethics/cmecc.htm.

Online Resources—Codes of Ethics

The Academy of Management

Code of Ethical Conduct

<http://ethics.iit.edu/codes/coe/academy.mgt.b.html>

Standards of Professional Conduct for Academic Management Consultants

<http://ethics.iit.edu/codes/coe/academy.mgt.a.html>

American Association of Nurse Anesthetists

<http://ethics.iit.edu/codes/coe/amer.assoc.nurse.anesthetists.a.html>

American College of Healthcare Executives

http://www.ache.org/abt_ache/code.cfm

American College of Radiology
<http://www.acr.org> (membership required)

American Counseling Association
<http://ethics.iit.edu/codes/coe/amer.couns.assoc.2005.html>

American Medical Record Association
<http://ethics.iit.edu/codes/coe/amer.health.info.assoc.html>

American Medical Association
<http://www.ama-assn.org/ama/put/category/2512.html>

American Nurses Association
<http://nursingworld.org/mods/mod508/code.pdf>

American Pharmaceutical Association
<http://ethics.iit.edu/codes/coe/amer.pharmaceutical.assoc.coe.2.html>

American Pharmacists Association
<http://www.aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2809>

American Psychological Association
<http://www.apa.org/ethics/homepage.html>

American Society of Public Administration
<http://ethics.iit.edu/codes/coe/amer.soc.public.admin.c.html>

Association of Professional Chaplains
<http://www.professionalchaplains.org/professional-chaplain-services-about-code-ethics.htm>

Commission on Rehabilitation Counselor Certification
<http://ethics.iit.edu/codes/coe/commission.rehab.counselor.cert.b.html>

Healthcare Information and Management Systems Society
<http://ethics.iit.edu/codes/coe/healthcare.info.mgt.systems.soc.coe.html>

International Association of Administrative Professionals
<http://ethics.iit.edu/codes/coe/int.assoc.admin.pros.1998.html>

National Association of Social Workers
<http://www.socialworkers.org/pubs/code/code.asp>

More professional codes of ethics can be found at http://ethics.iit.edu/codes/codes_index

Online Resources–Ethics Centers & Websites

American Medical Association (AMA)
http://www.ama-assn.org/apps/pf_new/pf_online?category=CEJA&assn=AMA&fn=mSearch&st t=&st p=&nth=1&

American Society for Bioethics and Humanities (ASBH)

<http://www.asbh.org>

Bioethics.net – The American Journal of Bioethics

<http://www.bioethics.net/>

Center for Bioethics, University of Pennsylvania

<http://www.bioethics.upenn.edu/>

Center for the Study of Bioethics, Medical College of Wisconsin

<http://www.mcw.edu/bioethics/index.html>

The Cross Cultural Health Care Program

<http://www.xculture.org/index.cfm>

End of Life/Palliative Education Resource Center

<http://www.eperc.mcw.edu/About.htm>

The Ethics Resource Center

<http://www.ethics.org/>

EthnoMed

<http://ethnomed.org/>

The Hastings Center

<http://www.thehastingscenter.org/>

Kennedy Institute of Ethics, Georgetown University

<http://kennedyinstitute.georgetown.edu/index.htm>

National Bioethics Advisory Commission (NBAC)

<http://www.georgetown.edu/research/nrcbl/nbac/>

National Reference Center for Bioethics Literature, Georgetown University

<http://www.georgetown.edu/research/nrcbl/nrc/index.htm>

Nuffield Council on Bioethics

<http://www.nuffieldbioethics.org/>

University of Minnesota Center for Bioethics

<http://www.bioethics.umn.edu/>

VHA Policies

Available from the Center's website, <http://vaww.ethics.va.gov/activities/policy.asp>:

VHA Handbook 1004.1, Informed Consent for Clinical Treatments & Procedures

VHA Handbook 1004.2, Advance Health Care Planning

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols within the Department of Veterans Affairs

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

Other VA and public policies relating to ethics:

VHA Directive 2001-027, Organ Transplants

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch

usage.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices

www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles

www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, <http://www.jointcommission.org>) and the Commission on Accreditation of Rehabilitation Facilities (CARF, <http://www.carf.org>).

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients
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www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

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VHA Handbook 1605.1, Privacy and Release of Information
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination
www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch
usoge.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices
www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles
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UNDERTAKE a Plan

Plan how to carry out the strategy

- Determine what steps need to be done and who needs to do them
- Recruit others to help with the plan if necessary
- Involve frontline staff
- Consider who else needs to be involved or informed
- Anticipate barriers to implementation and address them proactively

Plan how to evaluate the strategy

- Develop measures to assess:
 - ◆ How well the strategy was implemented (execution)
 - ◆ How well the strategy accomplished the improvement goal (results)
- Use a combination of several complementary measures
- Be sure that the measures selected correlate well with the desired practice
- Keep measures simple by focusing on what can be counted easily
- Consider collecting data over time and comparing practices before and after implementing the strategy
- Develop a plan for analyzing the data collected
- State up front how much data will be adequate to demonstrate whether the change is working

Execute the plan

- Spell out each task in detail, assign it to a specific person, and set explicit deadlines
- Appoint a team member to oversee and monitor the execution of the plan
- Also appoint someone to monitor the results in real time
- Make mid-course corrections as needed based on what works and what doesn't

EVALUATE and Adjust

Check the execution and the results

- Consider these questions:
 - ◆ Was the strategy executed as planned?
 - ◆ Did the strategy achieve the improvement goal? Did it improve the practice as intended? Did it narrow the ethics quality gap? If not, why not?
 - ◆ Is the strategy having other positive or negative effects?
- Adjust as necessary
 - If the strategy worked, determine whether the improvement was sufficient to declare victory
 - If the strategy didn't work, modify it and conduct another test, look at a different strategy, or start over with a new issue

Evaluate your ISSUES process

- Complete a self-evaluation of each ISSUES cycle
- Compare what you did with the ISSUES approach
- Discuss lessons learned and opportunities for improvement
- Seek input from other participants in the process to determine how it could be improved

SUSTAIN and Spread

Sustain the improvement

- If the strategy was successful, integrate the change into standard operating procedures

Disseminate the improvement

- Implement the change more broadly, if applicable
- Disseminate results to management, those involved in the process, and others who could learn from the process

Continue monitoring

- Follow up to make sure practices do not revert to the pre-intervention baseline



Preventive Ethics Addressing Health Care Ethics Quality Gaps on a Systems Level

This card describes the ISSUES approach, a practical, systematic process for identifying and addressing systems-level ethics issues that arise in health care institutions.

This process involves six steps:

- Identify** an Issue
- Study** the Issue
- Select** a Strategy
- Undertake** a Plan
- Evaluate** and Adjust
- Sustain** and Spread

Based on established principles and methods of quality improvement, the ISSUES approach was specifically designed to help preventive ethics teams improve the systems and processes that influence ethical health care practices within a facility.

Although these steps are presented in a linear fashion, it should be recognized that ISSUES is a fluid process and the distinction between steps may blur in the context of a specific ethics issue. At times, it may be necessary to repeat steps in order to achieve a particular improvement goal.

IDENTIFY an Issue

Be proactive in identifying ethics issues

- Gather and maintain a list of ethics issues
- Establish regular contact with groups, such as the ethics consultation service, senior management, service and program heads, quality management staff
- Ensure that those who may wish to refer ethics issues are knowledgeable about the preventive ethics team and what it does
- Examine other sources of information, such as accreditation reviews and sentinel event reports

Characterize each issue

- Does the issue give rise to an ethical concern?
- Does the issue suggest an ethics quality gap?
- When in doubt, consider whether another process in the organization should address the issue
- Keep a log of issues for future consideration

Clarify each issue by listing the improvement goal

- Specify the improvement goal the team would like to achieve
- Assign a shorthand working title that expresses both the ethics issue and the improvement goal

Prioritize the issues and select one

- Select an issue in which the improvement effort is likely to have a real impact on the facility's ethical practices
- Consider these questions:
 - ◆ Is the issue a high priority for leadership or other important stakeholders?
 - ◆ Are there data indicating an ethics quality gap?
 - ◆ How significant are the issue and its effects?
 - ◆ Is the issue of manageable size and scope? Can it be broken down into components?
 - ◆ Is it likely that the preventive ethics team will be able to bring about change?

STUDY the Issue

Diagram the process behind the relevant practice

- Collect firsthand information from multiple sources
- Include people who are directly involved in the process
- Draw and label a process flow diagram

Gather specific data about best practices

- Review the available ethics knowledge on the issue, including ethical guidelines, consensus statements, codes of ethics of professional groups, scholarly publications, and online resources
- Review applicable VA policy and law
- Seek examples of model practices in other facilities
- When appropriate, consult subject matter experts
- Use a combination of available knowledge, practical advice, and ethical analysis to develop best practices

Gather specific data about current practices

- Establish a baseline to compare the results of future improvement efforts against
- Keep data collection efforts simple and targeted
- Practices can often be measured by comparing the number of occurrences of the practice before and after an improvement
- Consider such tools as key informant interviews, focus groups, and existing databases or records
- Consider using already validated instruments rather than designing new surveys
- Consult with local quality management staff

Refine the improvement goal to reflect the ethics quality gap

- Compare best practices to current practices
- Describe the distance between where you are and where you want to be in quantitative terms, if possible
- Define a time frame for the improvement goal, if possible

SELECT a Strategy

Identify the major cause(s) of the ethics quality gap

- Do a root cause analysis
- Involve the people who know or use the process to help identify the causes
- Bear in mind that multiple causes often contribute to the gap
- Use a fishbone or cause-and-effect diagram to diagram the causes

Brainstorm possible strategies to narrow the gap

- Follow the rules of brainstorming:
 - ◆ Indicate clearly when brainstorming begins and ends
 - ◆ Encourage creativity
 - ◆ Keep comments brief
 - ◆ Don't interrupt or criticize
 - ◆ Record comments in the contributor's own words
- ◆ Engage each member of the group
- Sort through new ideas, critiquing, refining, and reorganizing them
- Summarize the ideas in a list of strategies

Choose one or more strategies to try

- Search for strategies with the highest likelihood of success, the maximum expected net benefit, and the lowest resource requirements
- Recognize that modest strategies are more likely to be successful than grand plans
- Weigh the likely impacts in terms of their magnitude the degree to which they can be sustained over time
- Consider potential negative consequences
- Make sure the strategy is not itself ethically problematic
- Take into account expected monetary costs, person-hours of staff time, and other resource requirements
- Think about ways to conserve resources, e.g., by trying out a strategy on a small scale before implementing it more widely
- Contact individuals outside of the preventive ethics function to obtain additional information or support as necessary